



Letter of Transmittal

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BUREAU OF AIR REGULATION

Date: 07/01/96

Project No.: 14420-1200

To: Scott Sheplak
Florida Dept. of Environmental Prot.
2600 Blair Stone Road
Tallahassee, Florida 32399

Re: FLORIDA POWER CORPORATION
Title V: UF Coqen Facility

The following items are being sent to you: with this letter under separate cover

<u>Copies</u>	<u>Description</u>
1	Page 1 of Form hardcopy for verification
4	Air Operating Permit Application (Electronic Submittal ELSA 1.3b)

These are transmitted:

- As requested
- For review
- For review and comment
- For approval
- For your information
- For Electronic Submittal

Remarks: This is an electronic submittal of the permit application represented by page 1 of the form (attached). As indicated by the bulletin accompanying the previously submitted hard copy, original signature pages are not enclosed. They were provided with the hardcopy submittal. These disks were created using the submittal program included in ELSA 1.3b. If you have any questions, please contact Teresa Franklin or Jane Burnette.

Sender: Teresa Franklin for Bob McCann

cc: Scott Osbourn, File(2)

14420Y/F1/WP/4.LOT (07/01/96)

Department of Environmental Protection

DIVISION OF AIR RESOURCES MANAGEMENT

APPLICATION FOR AIR PERMIT - LONG FORM

See Instructions for Form No. 62-210.900(1)

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I. APPLICATION INFORMATION

This section of the Application for Air Permit form identifies the facility and provides general information on the scope and purpose of this application. This section also includes information on the owner or authorized representative of the facility (or the responsible official in the case of a Title V source) and the necessary statements for the applicant and professional engineer, where required, to sign and date for formal submittal of the Application for Air Permit to the Department. If the application form is submitted to the Department using ELSA, this section of the Application for Air Permit must also be submitted in hard-copy.

Identification of Facility Addressed in This Application

Enter the name of the corporation, business, governmental entity, or individual that has ownership or control of the facility; the facility site name, if any; and the facility's physical location. If known, also enter the facility identification number.

1. Facility Owner/Company Name: Florida Power Corporation	
2. Site Name: Univ. of Florida Cogeneration Plant	
3. Facility Identification Number: <input checked="" type="checkbox"/> Unknown	
4. Facility Location Information: Street Address or Other Locator: Mowry Rd, Building 82, UF City: Gainesville County: Alachua Zip Code: 32611-2295	
5. Relocatable Facility? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6. Existing Permitted Facility? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Application Processing Information (DEP Use)

1. Date of Receipt of Application:	
2. Permit Number:	
3. PSD Number (if applicable):	
4. Siting Number (if applicable):	